14-16-4 (2/87)—Text 12	
PROJECT LD. NUMBER	1

617.21

SEQR

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM For UNLISTED ACTIONS Only

PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)				
1. APPLICANT SPONSOR RRMGNW c/o David Weinberg	. PROJECT NAME Meadowbrook Estates			
3. PROJECT LOCATION: Town of Cornwall & Municipality Town of New Windsor	_{County} Orange County			
4. PRECISE LOCATION (Street address and road intersections, prominent land	imarks, etc., or provide map)			
North side of NYS Route 94, 1400 ft	West of Mt. Airy Road			
	•			
5. IS PROPOSED ACTION: **Expansion				
6. DESCRIBE PROJECT BRIEFLY:				
183 Lot Single Family Residential Project				
7. AMOUNT OF LAND AFFECTED: initially 188.35 acres Ultimately 188.35	acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? Tyes Mono if No. describe briefly Clustering of residential lots will have to approved by the Town Board of Cornwall as it is not covered in the Zoning Code.				
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Residential Industrial Commercial Agricult Describe:	ture Park/Forest/Open space Other			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL,				
STATE OR LOCAL)?	-DOT Entrance approval			
Yes No If yes, list agency(s) and permit/approvals	-Town of New Windsor Water &			
	Sewer Extensions			
ALL DESCRIPTION OF THE PROPERTY AND DESCRIPTION OF THE PROPERT	-Army Corp of Engineers Wetlands TOR APPROVAL? Permit			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMI	OH APPHOVAL? FEIMIL			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes X No				
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
Jane Samuelson Applicant/sponsor name:	Date: 5/17/01			
Signature: Jame & Samuelson				
()				

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

ANT II-ENVIRONMENTAL ASSESSMENT (e completed	by Agency)		
A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 8 NYCRR, PART 617	7.12? If yes, coordinate the review process and use the FULL EAF.		
WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNL may be superseded by another involved agency. Yes No	ISTED ACTIONS IN 6 NYCRR, PART 817.6? If No, a negative declaration		
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH	olse levels, existing traffic patterns, solid waste production or disposal		
C2. Aesthetic, agricultural, archaeological, historic, or other natural or c	cultural resources; or community or neighborhood character? Explain briefly;		
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant ha	bitats, or threatened or endangered species? Explain briefly:		
C4. A community's existing plans or goals as officially adopted, or a chan-	ge in use or intensity of use of land or other natural resources? Explain briefly		
	go accor		
C5. Growth, subsequent development, or related activities likely to be inc	duced by the proposed action? Explain briefly.		
C6. Long term, short term, cumulative, or other effects not identified in C	C1-C5? Explain briefly.		
C7. Other impacts (including changes in use of either quantity or type of	energy)? Explain briefly.		
IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO PO	TENTIAL ADVERSE ENVIRONMENTAL IMPACTS?		
RT III—DETERMINATION OF SIGNIFICANCE (To be completed instructions: For each adverse effect identified above, determine Each effect should be assessed in connection with its (a) setting irreversibility; (e) geographic scope; and (f) magnitude. If necessary explanations contain sufficient detail to show that all relevant adverses.	ne whether it is substantial, large, important or otherwise significant. g (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) y, add attachments or reference supporting materials. Ensure that		
Check this box if you have identified one or more pote occur. Then proceed directly to the FULL EAF and/or p	entially large or significant adverse impacts which MAY prepare a positive declaration.		
Check this box if you have determined, based on th	e information and analysis above and any supporting esult in any significant adverse environmental impacts		
Name of Lead	Agency		
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer		
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)		
Date			